

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the linesNational Association of Insurance and Financial Advisors Political Action Commit-
tee

ADDRESS (number and street) ▼

2901 Telestar Court

Check if different
than previously
reported. (ACC)

Falls Church

VA

22042

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00005249

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2007

through

10

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Peter C. Browne

Signature of Treasurer

Electronically Filed by Peter C. Browne

Date

11

13

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	0	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		138478.22
(b) Cash on Hand at Beginning of Reporting Period	226686.82	
(c) Total Receipts (from Line 19)	105555.99	862734.53
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	332242.81	1001212.75
7. Total Disbursements (from Line 31)	86661.34	755631.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	245581.47	245581.47
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	28676.26	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 0 7

To:

M M
1 0D D
3 1Y Y Y Y
2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	33978.51	268569.45
(i) Itemized (use Schedule A)	69077.48	591665.08
(ii) Unitemized	103055.99	860234.53
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	2500.00	2500.00
(c) Other Political Committees (such as PACs)	105555.99	862734.53
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	105555.99	862734.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	105555.99	862734.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	46961.34	157748.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	46961.34	157748.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	594500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	700.00	3382.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	700.00	3382.50
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	86661.34	755631.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	86661.34	755631.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	105555.99	862734.53
34. Total Contribution Refunds (from Line 28(d))	700.00	3382.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	104855.99	859352.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	46961.34	157748.78
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	46961.34	157748.78

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Robelynn H. Abadie

Mailing Address 4933 Antioch Blvd.

City State Zip Code
 Baton Rouge LA 70817

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489427

Amount of Each Receipt this Period

21.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Michael J. Ables, LUTCF

Mailing Address PO Box 2205

City State Zip Code
 Avila Beach CA 93424-2205

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489428

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Paul Adams

Mailing Address 5101 Missy Maric Lane

City State Zip Code
 Las Vegas NV 89130

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

876.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R486990

Amount of Each Receipt this Period

150.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

276.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James M. Allen

Mailing Address 414 McCall Street

City State Zip Code
Waukesha WI 53186-6009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488581

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Ms. Carol A. Anderson, LUTCF, CFP

Mailing Address 717 N. 87th St.

City State Zip Code
Omaha NE 68114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490094

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Robert B. Anderson, CLU

Mailing Address 1456 Old Boones Creek Road

City State Zip Code
Jonesborough TN 37659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490088

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. William C. Anderson, LUTCF

Mailing Address 205 Whippoorwill Lane

City State Zip Code
 Altamonte Spgs FL 32701-7827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490439

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. William R. Anderson

Mailing Address 1842 Vermont Ave NW

City State Zip Code
 Washington DC 20001-5006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.77

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 7

Transaction ID: R491523

Amount of Each Receipt this Period

20.83

Check

C. Full Name (Last, First, Middle Initial)

Mr. William R. Anderson

Mailing Address 1842 Vermont Ave NW

City State Zip Code
 Washington DC 20001-5006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.77

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 7

Transaction ID: R491729

Amount of Each Receipt this Period

20.83

Check

SUBTOTAL of Receipts This Page (optional)

66.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Russell W. Arman, CFP

Mailing Address 2111 Sherman Dr

City State Zip Code
 Bismarck ND 58504-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 7

Transaction ID: R491596

Amount of Each Receipt this Period

275.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. Douglas Austin, CLU

Mailing Address Suite 9 Kite Hill Rd

City State Zip Code
 Santa Cruz CA 95060-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489300

Amount of Each Receipt this Period

22.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Douglas E. Aycock, CLU, ChFC

Mailing Address 5113 Southwest Pkwy # 200

City State Zip Code
 Austin TX 78735-8915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489823

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. James T. Bardin, CLU, ChFC

Mailing Address 4226 Fairway Circle

City State Zip Code
Tampa FL 33624-4640

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488491

Amount of Each Receipt this Period

22.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. John C. Beckwith

Mailing Address 1908 Greenbriar Drive

City State Zip Code
Portage MI 49024-5787

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489848

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Michael E. Behar

Mailing Address 2319 Cheshire Woods Rd

City State Zip Code
Toledo OH 43617-1202

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489339

Amount of Each Receipt this Period

22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

87.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Daniel C. Bell

Mailing Address P. O. Box 1747

City State Zip Code
 Cleveland MS 38732-1747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488326

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Kent A. Bennett

Mailing Address 280 Hollow Road

City State Zip Code
 Muncy PA 17756-5789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490462

Amount of Each Receipt this Period

87.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Robert A. Berg, CLU, LUTCF

Mailing Address 1405 Blackberry Lane

City State Zip Code
 Stevens Point WI 54481-9140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489145

Amount of Each Receipt this Period

36.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

148.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Thomas C. Besselman
Mailing Address 6421 Perkins Rd # 2b

City State Zip Code
Baton Rouge LA 70808-4125

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488966

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. David B. Bianchi, CLU
Mailing Address 1125 Beldon Way

City State Zip Code
Reno NV 89503-3164

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489656

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Jeffrey M. Biggs, LUTCF
Mailing Address 6708 SW Hamptonshire

City State Zip Code
Topeka KS 66614-4463

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: R491068

Amount of Each Receipt this Period

300.00

Check

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. J. Blayne Bird

Mailing Address 315 Willow Drive

City State Zip Code
 Blackfoot ID 83221-3907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488282

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Timothy P. S. Birdwell, LUTCF

Mailing Address 3601 Parkway Terrace

City State Zip Code
 Bryan TX 77802-3747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488937

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Sally A. Bisgard, LUTCF

Mailing Address 529 N. Main

City State Zip Code
 Waubay SD 57273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490311

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Harlynn N. Bjerke, LUTCF

Mailing Address P. O. Box 144

City State Zip Code
 Adams ND 58210-0144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.80

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488723

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Ms. Eleanor B. Blaylock

Mailing Address 9439 Gay Lane

City State Zip Code
 Oil City LA 71061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488526

Amount of Each Receipt this Period

62.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Brian D. Boesiger, CSA, LUTC

Mailing Address 7021 S. 33rd Street

City State Zip Code
 Lincoln NE 68516-4886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487238

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

122.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Lane Boozer
Mailing Address 1400 N Corinth St Ste 109

City State Zip Code
Corinth TX 76208-5444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488236

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Terry A. Boulter, CLU, ChFC,
Mailing Address 9037 N Silver Lake Drive

City State Zip Code
Cedar Hills UT 84062-8788

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488590

Amount of Each Receipt this Period

22.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Guy S. Bowering
Mailing Address 129 Woodland Hills Blvd.

City State Zip Code
Madison MS 39110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490410

Amount of Each Receipt this Period

22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John J. Bradley, CLU
Mailing Address 148 Grove Street

City State Zip Code
Westwood MA 02090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489482

Amount of Each Receipt this Period

41.66

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Gary A. Bramon, CLU, ChFC
Mailing Address 269 San Felipe Way

City State Zip Code
Novato CA 94945-1687

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490045

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. John G. Brandt, LUTCF, FIC
Mailing Address 2103 Sunset Lane

City State Zip Code
La Crosse WI 54601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.10

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489226

Amount of Each Receipt this Period

5.10

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

96.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. William J. Brannon, CLU, CPCU

Mailing Address 5215 Mockingbird Road

City Greensboro State NC Zip Code 27406

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490117

Amount of Each Receipt this Period

23.10

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Ronald D. Brant, CLU, LUTCF

Mailing Address 10234 Hoffman

City Maybee State MI Zip Code 48159-9777

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2180.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490204

Amount of Each Receipt this Period

208.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Guy J. Brickman

Mailing Address 12040 Piccadilly Pl

City Davie State FL Zip Code 33325-5231

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: R490821

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

481.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Frank H. Briggs, Jr., CLU, C
Mailing Address 2610 Bohler Rd NW

City State Zip Code
Atlanta GA 30327-1418

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490188

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Delford G. Britton
Mailing Address 1736 Jefferson Street

City State Zip Code
Napa CA 94559-1703

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488829

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Daryl W. Broberg, MDRT
Mailing Address 1531 3rd St.

City State Zip Code
Sutherland NE 69165

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490028

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

96.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Albert B. Brodbeck, CLU
Mailing Address 56 Dundee Road

City State Zip Code
Stamford CT 06903-3623

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489581

Amount of Each Receipt this Period

17.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. C. Robert Brown, Sr.
Mailing Address 8675 WestCott

City State Zip Code
Germantown TN 38138-7738

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488278

Amount of Each Receipt this Period

62.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. James Walter Brown, LUTCF
Mailing Address 6334 Deveron Drive

City State Zip Code
Charlotte NC 28211-4612

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488359

Amount of Each Receipt this Period

23.10

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

103.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Michael O. Brown, LUTCF

Mailing Address 6512 Nell 3

City State Zip Code
 Edmond OK 73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489965

Amount of Each Receipt this Period

60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Dennis A. Brumbaugh, LUTCF

Mailing Address 17 Conley Lane

City State Zip Code
 Elma WA 98541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489747

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Timothy J. Brungardt, LUTCF

Mailing Address 314 N. 5th.

City State Zip Code
 Norfolk NE 68701-4093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488764

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

127.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. George B. Bryce, CLU, ChFC

Mailing Address 2730 Ardon Ln

City State Zip Code
 Casper WY 82609-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490014

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. James A. Buchan, CLU, ChFC

Mailing Address 5716 W. Orlando Circle

City State Zip Code
 Broken Arrow OK 74011-1149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489670

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Robert M. Burd

Mailing Address 22 Cedarwood Dr

City State Zip Code
 Watseka IL 60970-9740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489068

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

123.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Jaford D. Burgad, LUTCF

Mailing Address 3842 N. 10th St.

City State Zip Code
 Fargo ND 58102-1044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488722

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. William D. Burke, CLU, CFP(r)

Mailing Address 2216 Nelda Way

City State Zip Code
 Alamo CA 94507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489435

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Eugene H. Burkett, LUTCF

Mailing Address PO Box 921

City State Zip Code
 Felton CA 95018-0921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490398

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Donna J. Burrill, CLU, ChFC,

Mailing Address P.O.BOX 143

City State Zip Code
FORT COLLINS **CO** **80522-0143**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490222

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Michael J. Bussard

Mailing Address 3029 Flagstone Drive

City State Zip Code
Franklin **TN** **37069**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490717

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Mrs. Evelyn Butler, CLTC, LUTC

Mailing Address 10 Lincoln Ave.

City State Zip Code
Vernon **NJ** **07462**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488448

Amount of Each Receipt this Period

25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

305.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Robert D. Buxbaum, CLU, ChFC

Mailing Address 4 Linwood Rd.

City State Zip Code
 Wellesley MA 02181-2519

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489626

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Robert C. Buxman, LUTCF

Mailing Address 12690 NW Lorraine Dr.

City State Zip Code
 Portland OR 97229

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490291

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Amy K. Byrne

Mailing Address 900 N Shoreline Blvd

City State Zip Code
 Mountain View CA 94043-1933

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489353

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

67.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. David D. Cameron, LUTCF

Mailing Address 1142 FAIRVIEW AVE.

City State Zip Code
 Rupert ID 83350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490164

Amount of Each Receipt this Period

6.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Christopher D. Campbell, CLU, ChFC

Mailing Address 2511 Brandon Road

City State Zip Code
 Upper Arlington OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488982

Amount of Each Receipt this Period

4.25

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Daniel J. Carlberg, CLU, ChFC,

Mailing Address 550 E Chapman Ave Ste C

City State Zip Code
 Orange CA 92866-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 7

Transaction ID: R491809

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

260.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Cecilia H. Carlton, LUTCF

Mailing Address P. O. Box 636

City State Zip Code
Hazlehurst MS 39083-0636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489529

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Ms. Kelli J. Carmichael, CLU, LUTCF

Mailing Address 2914 S Coffman

City State Zip Code
Casper WY 82604-4733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490377

Amount of Each Receipt this Period

22.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Jeffrey P. Case, LUTCF

Mailing Address 1311 33rd Avenue S.W.

City State Zip Code
Minot ND 58701-7266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489415

Amount of Each Receipt this Period

27.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

92.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Mary C. Castiglione, RHU

Mailing Address 33 Muirfield Ct.

City State Zip Code
Dover DE 19904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490228

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Dawn T. Chambers, LUTCF, CLU

Mailing Address 62 Lowell Street, Suite 4

City State Zip Code
Manchester NH 03101-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: R490859

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Mark A. Chandik, CLU, ChFC

Mailing Address 42 Ritz Cove Drive

City State Zip Code
Dana Point CA 92629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488765

Amount of Each Receipt this Period

105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

376.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Richard J. Chandik, MBA
Mailing Address 1332 Shorebird Ln

City State Zip Code
Carlsbad CA 92011-4884

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488950

Amount of Each Receipt this Period

47.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Anthony D. Chapman
Mailing Address 1360 Redmond Cir

City State Zip Code
Rome GA 30165

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487260

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Queenie M. Chee, CLU, LUTCF
Mailing Address 833 Waika Place

City State Zip Code
Honolulu HI 96825-1061

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488828

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

110.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. James R. Christensen, Jr.

Mailing Address 440 Regency Pkwy Dr #139

City State Zip Code
 Omaha NE 68114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489113

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Kim L. Christenson

Mailing Address 180 SW Gibson Lane

City State Zip Code
 Issaquah WA 98027-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488431

Amount of Each Receipt this Period

22.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. James C. Clabuesch

Mailing Address 11375 Fairway Dr

City State Zip Code
 Roscommon MI 48653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.50

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R486676

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

177.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Cylinda A. Clark
Mailing Address 4002 San Mateo

City State Zip Code
Plano TX 75093-6618

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488323

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Katharine F. Clark
Mailing Address 110 Cross Creek Circle

City State Zip Code
Macon GA 31210

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489320

Amount of Each Receipt this Period

25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Thomas R. Clark, CLU, ChFC
Mailing Address 1603 22nd St Ste 202

City State Zip Code
West Des Moines IA 50266-1410

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489953

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

127.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. J Michael Clinton

Mailing Address 3525 Tilford Cir

City State Zip Code
 Monroe LA 71201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R486885

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Ms. Ernestine S. Cohn, CSA

Mailing Address 1773 139th Avenue

City State Zip Code
 San Leandro CA 94578

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488281

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Gordon T. Colburn

Mailing Address 126 Crystal Springs Road

City State Zip Code
 San Dimas CA 91773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489733

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

113.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John W. Collier, LUTCF

Mailing Address 4600 Kietzke Lane, #134-D

City State Zip Code
 Reno NV 89502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489717

Amount of Each Receipt this Period

25.20

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Norman A. Coltrane, LUTCF

Mailing Address 1607 Hatherleigh Drive

City State Zip Code
 Fayetteville NC 28304-3643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.75

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490068

Amount of Each Receipt this Period

60.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Frank J. Congilose, CLU, ChFC,

Mailing Address 2431 Atlantic Ave.

City State Zip Code
 Manasquan NJ 08736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: R491217

Amount of Each Receipt this Period

600.00

Check

SUBTOTAL of Receipts This Page (optional)

685.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Thomas M. Cothron

Mailing Address 4280 SW 20th Ave

City State Zip Code
 Ocala FL 34474-5950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 9 / 2 0 0 7

Transaction ID: R486412

Amount of Each Receipt this Period

-250.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. James A. Counter

Mailing Address 782 132nd Avenue

City State Zip Code
 Hudson WI 54017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 7

Transaction ID: R491414

Amount of Each Receipt this Period

180.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. Brian Counterman, LUTCF

Mailing Address 7893 W. Quarto Ave.

City State Zip Code
 Littleton CO 80128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488960

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

-49.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Richard R. Courtemanche, FIC

Mailing Address 26 Rejane Ave

City State Zip Code
 Lewiston ME 04240-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 7

Transaction ID: R490844

Amount of Each Receipt this Period

300.00

Check

B. Full Name (Last, First, Middle Initial)

Ms. Nancy P. Cubberley

Mailing Address P O Box 5109

City State Zip Code
 Sevierville TN 37864

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487344

Amount of Each Receipt this Period

27.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Neil M. Cubberley, CLU,ChFC,

Mailing Address P.O.BOX 5109

City State Zip Code
 SEVIERVILLE TN 37864-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490469

Amount of Each Receipt this Period

27.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

355.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David A. Culley, CLU, ChFC
Mailing Address 4187 Club Drive N.E.

City State Zip Code
Atlanta GA 30319-1115

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490429

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Jack H. Curtis
Mailing Address 1508 Morning Glory Cr.

City State Zip Code
Tupelo MS 38801

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490349

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Vincent M. D'Addona, CLU, ChFC
Mailing Address 141 Greenway Road

City State Zip Code
Lido Beach NY 11561-4828

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490090

Amount of Each Receipt this Period

85.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

177.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Steven M. Daniel, CLU, ChFC,

Mailing Address 2600 Meadowbrook Dr

City State Zip Code
 Butte MT 59701-4028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490127

Amount of Each Receipt this Period

25.20

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Charles I. Daniels, III

Mailing Address 2424 Merlot Drive

City State Zip Code
 Napa CA 94558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487254

Amount of Each Receipt this Period

25.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. John A. Davidson, LUTCF, FSS

Mailing Address 1497 Rancho Lane

City State Zip Code
 Thousand Oaks CA 91362-2651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490075

Amount of Each Receipt this Period

105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

155.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. William James DeBruin, LUTCF

Mailing Address 106 Edgewood Ln

City State Zip Code
Combined Locks WI 54113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489608

Amount of Each Receipt this Period

72.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Troy D. DeLair, LUTCF

Mailing Address 841 E 3550 N

City State Zip Code
North Ogden UT 84414-7596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490157

Amount of Each Receipt this Period

25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Glenn P. Deal, Jr.

Mailing Address 58 Golf Course Ln.

City State Zip Code
Taylorsville NC 28681-7847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.25

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489224

Amount of Each Receipt this Period

55.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

152.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John R. Dean, LUTCF, CLU,

Mailing Address 1700 S.W. 15th Ave.

City State Zip Code
 Willmar MN 56201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.50

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490393

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Lawrence P. Decker, ChFC

Mailing Address 11944 Treat Hwy

City State Zip Code
 Jasper MI 49248-9724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489039

Amount of Each Receipt this Period

25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Paul R. Decker, CLU, ChFC

Mailing Address Box 1832

City State Zip Code
 Idaho Falls ID 83403-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490225

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

125.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David V. Dellinger
Mailing Address 3052 Stanton Circle

City State Zip Code
Carmichael CA 95608

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490369

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. David S. Dickenson, II, CLU, Ch
Mailing Address 7535 Brigham Road

City State Zip Code
Gates Mills OH 44040

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489832

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. James J. Dinsmore, CLU, LUTCF
Mailing Address 104 Lehman Drive

City State Zip Code
Cogan Station PA 17728-9228

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488910

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Rosa K. Dominy
Mailing Address 4015-J Washington Rd

City State Zip Code
Martinez GA 30907-5183

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489188

Amount of Each Receipt this Period

25.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Henry Donaghy, LUTCF, CLU,
Mailing Address 400 North Church Street
208

City State Zip Code
Charlotte NC 28202

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488850

Amount of Each Receipt this Period

23.10

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Noel Lee Dotson
Mailing Address 108 Rowland Park Blvd

City State Zip Code
Wilmington DE 19803

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: R491417

Amount of Each Receipt this Period

125.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

173.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Noel Lee Dotson
Mailing Address 108 Rowland Park Blvd

City State Zip Code
Wilmington DE 19803

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: R491428

Amount of Each Receipt this Period

125.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Ms. Jill M. Douglass, LUTCF
Mailing Address 2932 Sunstone St.

City State Zip Code
Las Vegas NV 89128-7742

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489015

Amount of Each Receipt this Period

27.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. George M. Dudikoff, LUTCF
Mailing Address 12897 Quail Hollow Dr

City State Zip Code
Fairfield CA 94534

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489019

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

173.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Steven Marc Dugal, LUTCF

Mailing Address 12238 E Millburn Ave

City State Zip Code
 Baton Rouge LA 70815-6742

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 7

Transaction ID: R490607

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. Daniel D. Duren, CLU,ChFC,L

Mailing Address 6537 S. 34th Street

City State Zip Code
 Lincoln NE 68516-5428

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488825

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Thomas W. Dzik, CLU, ChFC

Mailing Address 530 Dodge Lane

City State Zip Code
 St. Paul MN 55118-4802

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488761

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

317.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Brandon K. Ebert, CMFC

Mailing Address 2003 Marc

City State Zip Code
 Salina KS 67401-6721

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487545

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Wayne Miles Eckman, LUTCF

Mailing Address 701 W 2350 N

City State Zip Code
 Woods Cross UT 84087

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489496

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Matthew Edelstein, CLU, ChFC

Mailing Address 1550 Penstemon Ct

City State Zip Code
 Grayslake IL 60030

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487084

Amount of Each Receipt this Period

8.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

54.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Donald A. Eichelberger
Mailing Address 3217 Highway D65

City State Zip Code
Dysart IA 52224-9750

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490390

Amount of Each Receipt this Period

50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. M. Jay Einstein, CLU
Mailing Address 59 Margarete Dr.

City State Zip Code
Pittsgrove NJ 08318-3015

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489802

Amount of Each Receipt this Period

72.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Shannon J. Enders
Mailing Address 5677 Westwood Drive

City State Zip Code
Muskegon MI 49441

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489653

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

164.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Scott Engell, LUTCF
Mailing Address 757 Armadillo Drive

City State Zip Code
Deltona FL 32725-2651

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: R491686

Amount of Each Receipt this Period

162.50

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. A. Christopher Engle, LUTCF
Mailing Address 4485 Orchard Creek Ct S E

City State Zip Code
Kentwood MI 49546

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488525

Amount of Each Receipt this Period

25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Ronald W. Erickson, CLU, AEP,
Mailing Address 3002 St. Regis Rd

City State Zip Code
Greensboro NC 27408-4407

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

517.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489962

Amount of Each Receipt this Period

46.75

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

234.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Byron Hyatt Erstad, Jr.

Mailing Address 2510 S Nantucket Way

City State Zip Code
 Boise ID 83706-5095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489949

Amount of Each Receipt this Period

50.40

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Stephen D. Estler, CLU, ChFC

Mailing Address 2177 NE 63 St.

City State Zip Code
 Fort Lauderdale FL 33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489975

Amount of Each Receipt this Period

42.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Robert E. Evans, CLU, ChFC,

Mailing Address 42 Willowbrook Road

City State Zip Code
 Holden MA 01520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490481

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

113.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John Everett, LUTC

Mailing Address 531 Daniel

City State Zip Code
 Santa Maria CA 93454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489186

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Andre L. Faucher, CLU, ChFC

Mailing Address 46 Osprey Circle

City State Zip Code
 Palm Coast FL 32137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489831

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Lines Robert Ferguson, Jr.

Mailing Address 500 Virginia St E Ste 1100

City State Zip Code
 Charleston WV 25301-2151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488634

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

88.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Samuel B. Fields, LUTC

Mailing Address P. O. Box 1742

City State Zip Code
Tuscaloosa AL 35403-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490123

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mrs. Rebecca J. Flickinger

Mailing Address 1900 W Hart Ave

City State Zip Code
Orange TX 77630-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R486871

Amount of Each Receipt this Period

17.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Thomas F. Flournoy, Jr., CLU

Mailing Address 5300 Zebulon Rd

City State Zip Code
Macon GA 31210-2199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489791

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John A. Forbing

Mailing Address 23209 Charwood PI

City State Zip Code
 Diamond Bar CA 91765-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489516

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. H. Larry Fortenberry, CPA, CLU, Ch

Mailing Address 603 Gordon PI

City State Zip Code
 Madison MS 39110-9799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489824

Amount of Each Receipt this Period

52.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Thomas E. Fowler, CLU, LUTCF

Mailing Address 13243 S.E. 51st Place

City State Zip Code
 Bellevue WA 98006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489606

Amount of Each Receipt this Period

107.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

181.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Joseph P. Fox

Mailing Address 1751 Upper 55th St, E.

City State Zip Code
 Inver Grove Height MN 55077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 1 / 2 0 0 7

Transaction ID: R490805

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Rick L. Frank

Mailing Address 415 S Maple
 PO Box 574

City State Zip Code
 Paullina IA 51046-0574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.60

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488865

Amount of Each Receipt this Period

9.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Rick L. Frank

Mailing Address 415 S Maple
 PO Box 574

City State Zip Code
 Paullina IA 51046-0574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.60

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 0 7

Transaction ID: R491661

Amount of Each Receipt this Period

144.60

Check

SUBTOTAL of Receipts This Page (optional)

403.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Debra L. Franklin-Schatzki

Mailing Address 380 W 12th St

City State Zip Code
 New York NY 10014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490084

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Robert P. Freed

Mailing Address 976 Landings Ct

City State Zip Code
 Westerville OH 43082-7429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489828

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Robert L. French, LUTCF

Mailing Address 4105 Sheridan Lake Road

City State Zip Code
 Rapid City SD 57702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489463

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Donald A. Frost, PGA
Mailing Address 612 A N. Pageant Drive

City State Zip Code
Orange CA 92869-2572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488539

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Alan L. Fry, CLU, CFP,
Mailing Address 15112 Lima Road

City State Zip Code
Huntertown IN 46748-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490012

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mrs. Kelli Park Fuhrmann
Mailing Address 647 S. Main Ave #209

City State Zip Code
Sioux Falls SD 57104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: R491249

Amount of Each Receipt this Period

-25.00

DA

SUBTOTAL of Receipts This Page (optional)

17.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mrs. Kelli Park Fuhrmann
Mailing Address 647 S. Main Ave #209

City State Zip Code
Sioux Falls SD 57104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: R491250

Amount of Each Receipt this Period

25.00

CA

B. Full Name (Last, First, Middle Initial)
Mrs. Kelli Park Fuhrmann
Mailing Address 647 S. Main Ave #209

City State Zip Code
Sioux Falls SD 57104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487021

Amount of Each Receipt this Period

25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Peter Fulchiron, CLU, LUTCF
Mailing Address 411 San Andreas Drive

City State Zip Code
Novato CA 94945-1237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490470

Amount of Each Receipt this Period

208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

258.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. R. Keith Fulton
Mailing Address 1547 Davenport Dr

City State Zip Code
New Port Richey FL 34655-4230

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: R491346

Amount of Each Receipt this Period

500.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Lawrence J. Ganim, CIC
Mailing Address 45 Ironwood Rd.

City State Zip Code
Trumbull CT 06611

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: R490958

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Roger W. Garrett
Mailing Address 2201 Woodlawn Road
P O Box 370

City State Zip Code
Lincoln IL 62656

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489328

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Michael J. Gates, LUTCF

Mailing Address 94 Pine Glen Rd.

City State Zip Code
 Langhorne PA 19047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488439

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Ronald L. Gay, LUTCF

Mailing Address 3000 Briarcrest Ste. 422

City State Zip Code
 Bryan TX 77802-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488305

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. James O. Geitgey, LUTCF, FIC

Mailing Address 279 Glenmore Dr.

City State Zip Code
 Springfield OH 45503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489883

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

88.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Campbell T. Gerrish, CLU, ChFC

Mailing Address 2 Windcrest Road

City State Zip Code
Rye NY 10580-1626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: R491211

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Gregory Gianakis

Mailing Address 5315 S Conquistador St

City State Zip Code
Las Vegas NV 89148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R486771

Amount of Each Receipt this Period

25.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Joseph R. Giangola, CEBS

Mailing Address 1925 Pleasantview

City State Zip Code
Ashtabula OH 44004-9719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489649

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

300.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Steven Dwayne Gifford

Mailing Address P.O. Box 5027

City State Zip Code
 Ashland KY 41105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488731

Amount of Each Receipt this Period

25.20

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Keith M. Gillies, CLU, ChFC,

Mailing Address 109 W. Lakeview Dr.

City State Zip Code
 La Place LA 70068-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489308

Amount of Each Receipt this Period

62.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Constance Y. Golleher

Mailing Address PO Box 255

City State Zip Code
 Mc Lean VA 22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487116

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

117.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James W. Goodacre II, RHU, REBC

Mailing Address 10407 Fairway Lane

City State Zip Code
Carmel CA 93923-9311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489100

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. James R. Goodrich, CLU, ChFC

Mailing Address 1860 Beech

City State Zip Code
Mt. Pleasant MI 48858-1280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488569

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Frederick L. Granados, LUTCF, FSS

Mailing Address 1145 Davis Avenue

City State Zip Code
Concord CA 94518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489292

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

105.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Gerald C. Grant, Jr., MBA

Mailing Address 8560 SW 166 St.

City State Zip Code
 Miami FL 33157-0414

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 7

Transaction ID: R490635

Amount of Each Receipt this Period

150.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Todd G. Grantham

Mailing Address 203 Brandermill Drive

City State Zip Code
 Durham NC 27713

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488575

Amount of Each Receipt this Period

115.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. George F. Griffin, LUTCF, CLF

Mailing Address P.O. Box 31939 St. Andrews Br.

City State Zip Code
 Charleston SC 29417

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488271

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

290.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Barbara E. Gunnell, LUTCF
Mailing Address 94903 Country Ln.

City State Zip Code
Coos Bay OR 97420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489324

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Angelo Assad Haddad
Mailing Address 354 Garnsey Ave

City State Zip Code
Bakersfield CA 93309-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489731

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Kevin J. Halloran
Mailing Address One Indian Head Plaza Ste. 515

City State Zip Code
Nashua NH 03060-1227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: R491312

Amount of Each Receipt this Period

750.00

Check

SUBTOTAL of Receipts This Page (optional)

817.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Edwin R. Hamilton, CLU, LUTCF
Mailing Address 4318 Council Circle

City State Zip Code
Jackson MS 39206-5819

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490259

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Steve L. Hampton, LUTCF
Mailing Address P.O. Box 319

City State Zip Code
Upton WY 82730-0319

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488870

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Karl Erik Hansen, CLU, ChFC,
Mailing Address 900 North Shoreline Boulevard

City State Zip Code
Mountain View CA 94043-1933

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490357

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

84.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Sharon L. Hansen

Mailing Address P.O. Box 1249
1219 S Second Street

City State Zip Code
Mt Vernon WA 98273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489616

Amount of Each Receipt this Period

27.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Alex Hanson, CLU, ChFC,

Mailing Address 7888 Glen Finnan Cir

City State Zip Code
Ft Myers FL 33912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490320

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. William N. Haraway

Mailing Address 113 Fairview Ave

City State Zip Code
Frederick MD 21701-4017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490373

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

111.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Richard Lee Harlow, CLU,CSA,CB

Mailing Address 12250 Angel Wing Ct

City State Zip Code
 Reston VA 20191-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490053

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Ms. Linda S. Harris

Mailing Address PO Box 261669

City State Zip Code
 San Diego CA 92196-1669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488513

Amount of Each Receipt this Period

22.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Roger W. Hassler, LUTC

Mailing Address 22593 Counrty View De

City State Zip Code
 San Jose CA 95120-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489189

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

85.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Thomas M. Hawco, CLU, ChFC
Mailing Address 900 Rockhurst Drive

City State Zip Code
Lincoln NE 68510-4114

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490096

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Jonathan David Haymes, LUTCF
Mailing Address 1230 s. hickory lane

City State Zip Code
Nixa MO 65714

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489134

Amount of Each Receipt this Period

25.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Samuel H. Hazleton, IV
Mailing Address 4220 Lakeshore Drive

City State Zip Code
Diamond Point NY 12824

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488584

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

109.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Terry K. Headley, LUTCFLIC

Mailing Address 20704 Meadow Ridge Dr

City State Zip Code
 Springfield NE 68059-7086

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488495

Amount of Each Receipt this Period

208.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Sharon G. Heierman, CAE

Mailing Address 2990 Kemp Rd

City State Zip Code
 Havana FL 32333

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487029

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Steven B. Heinz

Mailing Address 1341 E 600 N

City State Zip Code
 Orem UT 84097

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488563

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Dennis L. Helgeson, CLU,ChFC,L
Mailing Address 2601 Bel Air Drive

City State Zip Code
Minot ND 58703-1749

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488749

Amount of Each Receipt this Period

25.20

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Marcus T. Henderson, Sr.,LUTCF
Mailing Address 109 Barrington Court East

City State Zip Code
Franklin TN 37067

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490043

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Michael C. Herring
Mailing Address 9550 N 150th Ct

City State Zip Code
Waverly NE 68462-1569

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488344

Amount of Each Receipt this Period

22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

89.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Ronald G. Hester, CLU, ChFC

Mailing Address 261 New River Heights Rd.

City State Zip Code
 Boone NC 28607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.50

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490063

Amount of Each Receipt this Period

46.75

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Richard L. Hill, CLU, ChFC,

Mailing Address 2611 Alvo Road

City State Zip Code
 Seward NE 68434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490381

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Michael J. Hiller, ChFC

Mailing Address W267 S7930 Stony Pt. Ct.

City State Zip Code
 Mukwonago WI 53149-9687

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489146

Amount of Each Receipt this Period

25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

113.95

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jeff L. Holland, CLU, ChFC
Mailing Address 200 Matthew Drive

City State Zip Code
Paducah KY 42001-6162

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490216

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Robert J. Hollander, LUTCF
Mailing Address 904 Rockhurst Dr.

City State Zip Code
Lincoln NE 68510-4114

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1065.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489035

Amount of Each Receipt this Period

112.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Richard L. Hoover, LUTCF, RIA
Mailing Address 2920 S. Jones Blvd., #110

City State Zip Code
Las Vegas NV 89146

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488999

Amount of Each Receipt this Period

72.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

214.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Cherylyn L. Houpo

Mailing Address 659 Akaku St

City State Zip Code
Wailuku HI 96793

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R486785

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Darrel V. Hovde

Mailing Address PO Box 1806

City State Zip Code
Minot ND 58702-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.20

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488332

Amount of Each Receipt this Period

30.60

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Ms. April L. Howard

Mailing Address 3386 Williamsburg

City State Zip Code
Boise ID 83706-5320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489548

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

115.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 70 / 173

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Lebert Andre Howes, Jr., CLU

Mailing Address 10 South Jefferson St. Ste. 850

City State Zip Code
 Roanoke VA 24011

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489048

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. William A. Hume, LUTCF

Mailing Address 1075 Woodfield Lane

City State Zip Code
 Libertyville IL 60048

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488364

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Albert T. Hurst, Jr., FICF, C

Mailing Address 1422 Spring Street

City State Zip Code
 Little Rock AR 72202-4856

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488752

Amount of Each Receipt this Period

25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

88.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Hollis O. Inglett, Jr., LUTC

Mailing Address 31 Cone Rd

City State Zip Code
Ormond Beach FL 32174-7903

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490331

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. William V. Irons, CLU, LUTC

Mailing Address 150 Prospect Rd

City State Zip Code
Wakefield RI 02879-7044

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490057

Amount of Each Receipt this Period

25.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Charles E. Jackson, Jr.

Mailing Address 53 Jordan Lane

City State Zip Code
Mobile AL 36608-2624

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489672

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

88.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Greg W. Jacobs		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 1350 Grand Summitt Drive #116		Transaction ID: R487073
City State Zip Code Reno NV 89523	Amount of Each Receipt this Period 25.20	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Self-employed	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

B. Full Name (Last, First, Middle Initial) Mr. Richard B. Jacobs, LUTCF		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 5396 Painted Sunrise Dr.		Transaction ID: R488500
City State Zip Code Las Vegas NV 89149-6443	Amount of Each Receipt this Period 25.20	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Self-employed	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

C. Full Name (Last, First, Middle Initial) Mr. Samuel B. James, LUTCF		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 6410 Shady Lane		Transaction ID: R488948
City State Zip Code Fayetteville NC 28304-3931	Amount of Each Receipt this Period 19.25	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Self-employed	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)

69.65

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Earl H. Jarnigan, LUTCF, CLU

Mailing Address 631 Morrell Springs Rd.

City State Zip Code
 Newport TN 37821-8855

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 0 7

Transaction ID: R491658

Amount of Each Receipt this Period

312.50

Check

Full Name (Last, First, Middle Initial)

B. Mr. Donald C. Jayne, CLU, ChFC

Mailing Address 20402 Tulsa Street

City State Zip Code
 Chatsworth CA 91311-1723

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489990

Amount of Each Receipt this Period

25.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Jerry E. Jensen, LUTCF

Mailing Address 190 So. 800 W.

City State Zip Code
 Blackfoot ID 83221-6132

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488763

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

387.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Randall H. Jensen
Mailing Address 124 W 46th St., #201

City State Zip Code
Kearney NE 68847

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489603

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. John C. Johns, LUTCF
Mailing Address 5141 Lilly Rd.

City State Zip Code
Hazlehurst MS 39083

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489532

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Johnny Jon Johnson, LUTCF
Mailing Address 3770 N Frandon Avenue

City State Zip Code
Meridian ID 83646

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490347

Amount of Each Receipt this Period

27.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

90.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Larry G. Johnson, LUTCF, CSA

Mailing Address 44466 Albert

City State Zip Code
Plymouth MI 48170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487091

Amount of Each Receipt this Period

27.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Melville D.K. Jones

Mailing Address P.O. Box 1391

City State Zip Code
Puunene HI 96784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488296

Amount of Each Receipt this Period

25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Terry M. Kaltenbach, CLU, ChFC

Mailing Address 1358 Ahlrich Ave

City State Zip Code
Encintas CA 92024-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489637

Amount of Each Receipt this Period

125.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

177.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Bruce H. Kantor, CLU, LUTCF
Mailing Address 2901 Cross Country Rd

City State Zip Code
Charlotte NC 28270-0600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490372

Amount of Each Receipt this Period

23.10

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Randall D. Kaufmann
Mailing Address 356 Equus Drive

City State Zip Code
Camp Hill PA 17011-8357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489554

Amount of Each Receipt this Period

22.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Fred Kazmierski, CLU, LUTCF
Mailing Address 1116 Grand Ave Ste 204

City State Zip Code
Billings MT 59102-4282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488769

Amount of Each Receipt this Period

27.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

72.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John B. Kearns, LUTC

Mailing Address 1802 First Ave

City State Zip Code
 Scottsbluff NE 69361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488429

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Richard E. Keeling

Mailing Address 9507 Wessex PI

City State Zip Code
 Louisville KY 40222-5042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488294

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. F. Nicholas Kelley, CLU

Mailing Address 1323 S. 174 St.

City State Zip Code
 Omaha NE 68130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488827

Amount of Each Receipt this Period

22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Michael L. Kerley, JD
Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

992.75

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: R491524

Amount of Each Receipt this Period

52.25

Check

B. Full Name (Last, First, Middle Initial)
Mr. Michael L. Kerley, JD
Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

992.75

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: R491730

Amount of Each Receipt this Period

52.25

Check

C. Full Name (Last, First, Middle Initial)
Mr. Roy W. Kern, LUTCF, CLTC
Mailing Address 3775 West Randall Road

City State Zip Code
Springfield MO 65810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490206

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

164.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Marvin R. Keys, LUTC

Mailing Address 8785 Inverness Place

City State Zip Code
Tuscaloosa AL 35405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490308

Amount of Each Receipt this Period

22.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Thomas K. Kilton

Mailing Address 1933 E River Pkwy

City State Zip Code
Minneapolis 55408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488384

Amount of Each Receipt this Period

21.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Thomas K. Kilton

Mailing Address 1933 E River Pkwy

City State Zip Code
Minneapolis 55408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: R491626

Amount of Each Receipt this Period

25.00

Check

SUBTOTAL of Receipts This Page (optional)

68.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Richard D. Kimmel
Mailing Address 6525 Bellaire Drive S

City State Zip Code
Ft Worth TX 76132-1138

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488484

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Lawrence L. Kitts, CLU,ChFC,R
Mailing Address 10842 Mount CurveRd

City State Zip Code
Eden Prairie MN 55347-2908

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489992

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. David G. Klemisch, LUTCF
Mailing Address 2801 26th Ave SW

City State Zip Code
Fargo ND 58103

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488994

Amount of Each Receipt this Period

51.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Casey C. Knake, CLU, ChFC

Mailing Address 2902 Mach I Dr.

City State Zip Code
 Norfolk NE 68701-3238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488760

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Kenneth E. Knox, CLU, ChFC

Mailing Address Unit 9, 10 East St

City State Zip Code
 Providence RI 02906-3069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489895

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. James C. Koburger, LUTCF

Mailing Address 3134 Brandywine Drive

City State Zip Code
 Tallahassee FL 32308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 1 / 2 0 0 7

Transaction ID: R490782

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

592.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Fredric Kofke, LUTCF
Mailing Address 3009 State Hill Rd

City State Zip Code
Wyomissing PA 19610

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490113

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Lance B. Kolbet, RHU, LUTCF
Mailing Address 4632 Mountain Park Rd.

City State Zip Code
Pocatello ID 83202-1702

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490024

Amount of Each Receipt this Period

126.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. David M. Koll, LUTCF
Mailing Address 1612 S. 152nd Street

City State Zip Code
Omaha NE 68144-5121

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489449

Amount of Each Receipt this Period

105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

252.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Richard A. Koob, CLU, ChFC,

Mailing Address 301 Frederick Street

City

Waukesha

State

WI

Zip Code

53186-8116

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489681

Amount of Each Receipt this Period

50.40

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. David T. Koppa, CLU, LUTCF

Mailing Address 1105 Via Bolzano

City

Santa Barbara

State

CA

Zip Code

93111-1053

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489426

Amount of Each Receipt this Period

42.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Ronald F. Kramer, LUTCF

Mailing Address P. O. Box 26

City

Pierce

State

NE

Zip Code

68767-0026

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489890

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

113.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Ben Kronish, CLU, ChFC,

Mailing Address 205 W 89th St #2H

City State Zip Code
 New York NY 10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489836

Amount of Each Receipt this Period

25.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Jon P. Kubler, LUTC

Mailing Address 1620 N. 127th St

City State Zip Code
 Omaha NE 68154-3637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488725

Amount of Each Receipt this Period

22.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Larry M. Lambert, CLU, CFP,

Mailing Address 6915 Steeplechase Cir

City State Zip Code
 Huntington Beach CA 92648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 1 / 2 0 0 7

Transaction ID: R490515

Amount of Each Receipt this Period

1250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

1297.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Gary M. Lane, CLU
Mailing Address 925 Highland Terrace NE

City State Zip Code
Atlanta GA 30306

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490453

Amount of Each Receipt this Period

22.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Thomas R. Laster, RHU
Mailing Address 1713 Elmhurst Ave

City State Zip Code
Nichols Hills OK 73120

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490327

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Monica J. Lawfield, CMFC
Mailing Address 6851 Caballero Dr.

City State Zip Code
Jacksonville FL 32217

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487076

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

93.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Daniel L. Lawrence Mailing Address 5553 Peters Drive City State Zip Code West Bend WI 53095 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7 Transaction ID: R488758 Amount of Each Receipt this Period 51.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Mr. Kevin J. Leahy, LUTCF Mailing Address 1300 Rock Chapel Road City State Zip Code Herndon VA 20170 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7 Transaction ID: R490468 Amount of Each Receipt this Period 15.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Ms. Elizabeth J. Lee Mailing Address 19431 Rue de Valore 22G City State Zip Code Foothill Ranch CA 92610 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7 Transaction ID: R486884 Amount of Each Receipt this Period 21.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

87.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Leslie W. Lee, CLU, ChFC

Mailing Address 7522 E Hampstead Ct.

City State Zip Code
 Middleton WI 53562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490394

Amount of Each Receipt this Period

25.20

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Lanny D. Levin, CLU, ChFC

Mailing Address 313 Laurel

City State Zip Code
 Highland Park IL 60035-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490081

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. T. Leslie Littleton, LUTCF, CLU

Mailing Address 1025 E. Austin

City State Zip Code
 Nacogdoches TX 75965-2964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490397

Amount of Each Receipt this Period

47.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

114.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Akihiro F. Liu
Mailing Address 14314 Burbank Blvd, #214

City State Zip Code
Van Nuys CA 91401

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R486994

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Lawrence E. Lounds
Mailing Address 2477 Valley Oaks Circle

City State Zip Code
Flint MI 48532

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1205.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490427

Amount of Each Receipt this Period

105.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Archie F. Lowe, CLU
Mailing Address 38 Old Ivy Road, Suite 200

City State Zip Code
Atlanta GA 30342

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488835

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

147.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. R. Art Lubowski, CLU
Mailing Address 4137 Beech Ave

City State Zip Code
Erie PA 16508-3118

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490017

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mrs. Patricia S. Lucas, CLU,CLTC,L
Mailing Address 8375 Starlight Lane

City State Zip Code
Boones Mill VA 24065-1909

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489192

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. William J. Lynch, LUTC
Mailing Address 5075 SW Griffith Dr. #200

City State Zip Code
Beaverton OR 97005

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490151

Amount of Each Receipt this Period

37.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

100.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Robert T. MacDonald
Mailing Address 1931 N 73rd St.

City State Zip Code
Wauwatosa WI 53213

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489383

Amount of Each Receipt this Period

27.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Glenford B. Malcolm, Sr.
Mailing Address P. O. Box 822315

City State Zip Code
South Florida FL 33082-2315

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490440

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Joseph J. Maltese, CFP
Mailing Address 4176 Arikakee Court

City State Zip Code
Jacksonville FL 32223

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488926

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

111.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Dale F. Mamele, CLU

Mailing Address 111 Old Home Pl.

City State Zip Code
Columbia SC 29212-2051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489469

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Lawrence Mann, CLU, ChFC

Mailing Address 356 S Westgate Avenue

City State Zip Code
Los Angeles CA 90049-4208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: R490886

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Donald L. Maricle, CLU, ChFC

Mailing Address 42 Pine Tree Ln.

City State Zip Code
West Seneca NY 14224-4145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: R490755

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Claude A. Marlowe, Jr., LUTC

Mailing Address 1101 Radcliffe Avenue

City State Zip Code
 Kingsport TN 37664-2025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490267

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Leonard Martin, CSA

Mailing Address 98 Tennyson Rd

City State Zip Code
 Warwick RI 02888

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489375

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Darren Scott Mason, CLU, ChFC

Mailing Address 178 Shorecliff Rd

City State Zip Code
 Corona Del Mar CA 92625-2648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489885

Amount of Each Receipt this Period

41.66

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

113.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Douglas B. Massey, CLU, ChFC,

Mailing Address 3115 Southwest Blvd.

City

San Angelo

State

TX

Zip Code

76904-5772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490059

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Curtis L. Matlin, CLU

Mailing Address 707 Skokie Blvd. #700

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488699

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Carl James Maus, LUTC

Mailing Address 432 Fort Saratoga

City

Saint Charles

State

MO

Zip Code

63303-1766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490388

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

113.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Michael V. May, CLU, ChFC,

Mailing Address P O Box 910

City

Port Richey

State

FL

Zip Code

34673-0910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488711

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Ms. Lisa McAree, CLU, LTCP

Mailing Address 300 Commercial St.
#304

City

Boston

State

MA

Zip Code

02109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: R490865

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. Adam Cole McConathy

Mailing Address 607 Kendal Ridge

City

Monroe

State

LA

Zip Code

71201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R486826

Amount of Each Receipt this Period

22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

297.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. James L. McConathy, Jr.

Mailing Address 706 Trenton St., Apt. 6

City State Zip Code
 West Monroe LA 71291

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488626

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mrs. Joyce G. McDonald, CLU

Mailing Address 1330 Hagood Ave

City State Zip Code
 Columbia SC 29205

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489316

Amount of Each Receipt this Period

21.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Paul J. McGoldrick, CLU, ChFC,

Mailing Address P. O. Box 439
 106 Main St

City State Zip Code
 Littleton NH 03561-0439

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 2 / 2 0 0 7

Transaction ID: R491308

Amount of Each Receipt this Period

100.00

Check

SUBTOTAL of Receipts This Page (optional)

171.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Bruce F. McGuirk, CLU, ChFC,
Mailing Address 6002 Armfield Court

City State Zip Code
Summerfield NC 27358-9128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: R490813

Amount of Each Receipt this Period

550.00

Check

B. Full Name (Last, First, Middle Initial)
Ms. Juli Y. McNeely, LUTCF, CFP
Mailing Address S764 Hanson Road

City State Zip Code
Spencer WI 54479

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489260

Amount of Each Receipt this Period

51.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Stephen R. McNeely, CLU, ChFC, L
Mailing Address 6190 Winford Dr

City State Zip Code
Indianapolis IN 46236-8378

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489331

Amount of Each Receipt this Period

22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

623.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Thomas D. McNeil Mailing Address 49 Hagen Oaks Ct City Alamo State CA Zip Code 94507 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7 Transaction ID: R489314 Amount of Each Receipt this Period 25.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Mr. Carl F. Mehlhop, CLU, ChFC Mailing Address 89 Van Ripper Ln City Orinda State CA Zip Code 94563-1129 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7 Transaction ID: R489664 Amount of Each Receipt this Period 21.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Ms. Linda J. Melson, LUTCF, CLU Mailing Address 1810 W. Illinois City Midland State TX Zip Code 79701 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7 Transaction ID: R489283 Amount of Each Receipt this Period 21.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

67.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David A. Middaugh, CLU, AEP
Mailing Address 3273 Evergreen Road

City State Zip Code
 Fargo ND 58102-1214

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490386

Amount of Each Receipt this Period

126.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Carl W. Middleton, III, CLU Ch
Mailing Address 8500 Gordon Dr NE

City State Zip Code
 Bain Bridge Is. WA 98110-3003

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488579

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Mark E. Miehle, CLU, ChFC
Mailing Address 625 N Segoe Rd
Unit 807

City State Zip Code
 Madison WI 53705

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490723

Amount of Each Receipt this Period

300.00

Check

SUBTOTAL of Receipts This Page (optional)

447.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John R. Milam, CLU
Mailing Address 426 Heathermoor

City State Zip Code
Knoxville TN 37922

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: R491368

Amount of Each Receipt this Period

500.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Michael J. Milburn, LUTCF
Mailing Address 2332 Flagstaff Dr.

City State Zip Code
Longmont CO 80501

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488732

Amount of Each Receipt this Period

22.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Anthony D. Miller, CLU, ChFC,
Mailing Address 4502 Hi-Line Dr

City State Zip Code
Billings MT 59106

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.20

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489708

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

572.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Carolyn S. Miller, LUTCF
Mailing Address 2469 W. Rosebush Rd

City State Zip Code
Weidman MI 48893-9791

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489179

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Dennis L. Miller, LUTCF, CLU
Mailing Address 649 State Road
P.O. Box 186

City State Zip Code
Vassar MI 48768-0186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489024

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Keith Miller, CLU, ChFC
Mailing Address 3704 W. Ashley Lane, 113N

City State Zip Code
Mequon WI 53092-2786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: R490686

Amount of Each Receipt this Period

300.00

Check

SUBTOTAL of Receipts This Page (optional)

363.50

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Richard L. Miller

Mailing Address 1214 Karr Ave.

City State Zip Code
 Yakima WA 98902-5026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489241

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Herbert F. Mischke, CLU, ChFC

Mailing Address 322 East County Road D

City State Zip Code
 Little Canada MN 55117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490166

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Dianne C. Mitchell

Mailing Address 2209 Ontario Street

City State Zip Code
 Bellingham WA 98226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487262

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

71.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. James E. Mitchell, LUTCF, CTP

Mailing Address 2209 Ontario

City State Zip Code
 Bellingham WA 98229-4027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488053

Amount of Each Receipt this Period

60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Martin Montefel, CLU

Mailing Address 16932 SW 5th Way

City State Zip Code
 Weston FL 33326-1564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490019

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. James W. Monteverde

Mailing Address WaterWorks Road

City State Zip Code
 Sewickley PA 15143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490458

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Robert J. Morales, LUTCF, CLT

Mailing Address 1125 Wyoming Avenue

City State Zip Code
Reno NV 89503-3342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487941

Amount of Each Receipt this Period

60.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Raymond H. Moran, CLU, ChFC

Mailing Address 5463 Irvin Park Cove

City State Zip Code
Memphis TN 38119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490210

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr Joseph L. Morton, III, JD

Mailing Address 5487 N. Bach

City State Zip Code
Meridian ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1302.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R486965

Amount of Each Receipt this Period

126.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

228.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John P. Mosley, CLU, ChFC,

Mailing Address 24 Pitt Street

City State Zip Code
 Portland ME 04103-4856

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.36

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487686

Amount of Each Receipt this Period

23.04

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. John P. Mosley, CLU, ChFC,

Mailing Address 24 Pitt Street

City State Zip Code
 Portland ME 04103-4856

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.36

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 1 / 2 0 0 7

Transaction ID: R490491

Amount of Each Receipt this Period

-23.04

RT

C. Full Name (Last, First, Middle Initial)

Ms. Adrienne Mouch, CLU

Mailing Address 1715 N Westshore Blvd. #900

City State Zip Code
 Tampa FL 33607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 7

Transaction ID: R491820

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mark Booth Murphy, CLU, ChFC
Mailing Address 37 Gloucester Rd

City State Zip Code
Summit NJ 07901

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: R490862

Amount of Each Receipt this Period

300.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Michael G. Murphy, LUTCF
Mailing Address 1014 S. 54th St.

City State Zip Code
Omaha NE 68106

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488034

Amount of Each Receipt this Period

28.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Michael G. Murphy, LUTCF
Mailing Address 1014 S. 54th St.

City State Zip Code
Omaha NE 68106

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: R490490

Amount of Each Receipt this Period

-28.00

RT

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Robert M. Nelson, CLU, LUTCF

Mailing Address 14712 Shirley Street

City State Zip Code
 Omaha NE 68144-2144

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490391

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Dan E. Nicholas, CLU, CLTC

Mailing Address 206 Pacheco Ave

City State Zip Code
 Santa Cruz CA 95062-1231

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489556

Amount of Each Receipt this Period

21.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. John F. Nichols, CLU, DIA

Mailing Address 1331 W Norwood Avenue

City State Zip Code
 Chicago IL 60660-2509

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487800

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

113.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Shirley A. Nielsen, LUTCF, CLU
Mailing Address 2817 Circle Drive

City State Zip Code
Grand Island NE 68801

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490383

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Stephen D. Noblin, CLU, ChFC, L
Mailing Address 128 dogwood Lane

City State Zip Code
Cowpens SC 29330

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487607

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Frank R. Nolim, CLU, ChFC,
Mailing Address 2017 Grafton Ave

City State Zip Code
Henderson NV 89014

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490303

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

131.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Thomas C. Noll, CLU, ChFC

Mailing Address 1420 Farm House Lane

City State Zip Code
 Middletown PA 17057-2977

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.25

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490240

Amount of Each Receipt this Period

5.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Thomas C. Noll, CLU, ChFC

Mailing Address 1420 Farm House Lane

City State Zip Code
 Middletown PA 17057-2977

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.25

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 1 / 2 0 0 7

Transaction ID: R490826

Amount of Each Receipt this Period

50.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. Thomas C. Noll, CLU, ChFC

Mailing Address 1420 Farm House Lane

City State Zip Code
 Middletown PA 17057-2977

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.25

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 7

Transaction ID: R491642

Amount of Each Receipt this Period

201.25

Credit Card

SUBTOTAL of Receipts This Page (optional)

256.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Brian E. O'Brien, CLU, ChFC, L

Mailing Address 1651 Wolf Run Dr.

City State Zip Code
Richfield WI 53076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487574

Amount of Each Receipt this Period

60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. James W. Oglesby, LUTCF

Mailing Address P. O. Box 1555

City State Zip Code
ENKA NC 28728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490220

Amount of Each Receipt this Period

143.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Rex W. Oliver

Mailing Address 1173 South 250 West
Suite 201

City State Zip Code
Saint George UT 84770-6739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R486973

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

245.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Martha N. Olmstead, CLU, ChFC,
Mailing Address 56 Divisadero St

City State Zip Code
San Francisco CA 94117-3211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487654

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Rae Lee Olson
Mailing Address 218 N El Monte Ave

City State Zip Code
Los Altos CA 94022-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490365

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Mitchell W. Ostrove, CLU, ChFC
Mailing Address 4 New King Street

City State Zip Code
White Plains NY 10604-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489453

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

109.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Todd A. Otto

Mailing Address 945 Senior Ave

City State Zip Code
Dickinson ND 58601-3757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.80

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487502

Amount of Each Receipt this Period

25.20

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Gary M. Owens, LUTCF

Mailing Address PO Box 835

City State Zip Code
Sultan WA 98294

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488001

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Roger L. Owens, LUTCF, RHU

Mailing Address 51 Lance Ct

City State Zip Code
Elkton MD 21921-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487942

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

109.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Aldous Kawaiiani Paalani
Mailing Address 2219 Kaululaau Street

City State Zip Code
Honolulu HI 96813-1230

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489725

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. John Palladino, Jr.
Mailing Address 15060 Becky Lane

City State Zip Code
Monte Sereno CA 95030-2106

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488150

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Joseph S. Pantozzi, CLU, ChFC
Mailing Address PO Box 95063

City State Zip Code
Las Vegas NV 89193

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489984

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

152.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John C. Parker, RHU, LTCP

Mailing Address 47 Laurel Hill Drive

City State Zip Code
Niantic CT 06357-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490460

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Clinton J. Parks

Mailing Address 4848 Rivervale St Rt

City State Zip Code
Soquel CA 95073-9727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488151

Amount of Each Receipt this Period

22.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Joseph M. Partise, CLU

Mailing Address 3540 Fern Circle

City State Zip Code
Seal Beach CA 90740-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489543

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

68.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Barton C. Pasco, CLU, ChFC,

Mailing Address 309 Running Cedar Lane

City State Zip Code
 Richmond VA 23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

517.50

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490049

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Ms. Debbie K. Paul, CLU, ChFC

Mailing Address 4001 MacArthur Blvd Suite 300

City State Zip Code
 Newport Beach CA 92660-2510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489888

Amount of Each Receipt this Period

42.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Gary H. Pendleton, CLU, ChFC

Mailing Address 2601 Oberlin Rd

City State Zip Code
 Raleigh NC 27608-1319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.30

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489597

Amount of Each Receipt this Period

45.83

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

138.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Shelly D. Pensky, LLC

Mailing Address 2855 S. 4th Avenue #118

City State Zip Code
Yuma AZ 85364-8150

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490145

Amount of Each Receipt this Period

30.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. C. Wayne Perkins, LUTCF

Mailing Address P. O. Box 397

City State Zip Code
Oxford MS 38655-0397

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487514

Amount of Each Receipt this Period

22.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Ms. Andrea L. Perlmutter

Mailing Address 20 W. 64th St. # 365

City State Zip Code
New York NY 10023

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: R490847

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

302.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Henry J. Pfleger, Jr., CLU

Mailing Address 520 Hardee Rd.

City State Zip Code
Coral Gables FL 33146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: R491119

Amount of Each Receipt this Period

500.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Brian R. Phares, LIC, RFC

Mailing Address 1420 Hackberry Road

City State Zip Code
North Platte NE 69101-6841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490380

Amount of Each Receipt this Period

47.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Randall V Phelps, LUTC

Mailing Address 8 Taylor Ave

City State Zip Code
Windsor VA 23487-9214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: R491306

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

797.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. A. Duer Pierce, Jr.

Mailing Address 5818 Kennett Pike

City State Zip Code
 Wilmington DE 19807-1116

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488010

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mrs. Cyndy M. Pierson

Mailing Address 13800 Vista Dorada

City State Zip Code
 Salinas CA 93908-9443

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487759

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. R. Jan Pinney, CLU, ChFC,

Mailing Address 5152 Ellington Court

City State Zip Code
 Granite Bay CA 95746-7188

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489460

Amount of Each Receipt this Period

208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

254.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. James D.C. Pirkle

Mailing Address 395 Del Monte Ctr Suite 202

City State Zip Code
 Monterey CA 93940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487684

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Joseph E. Pittman

Mailing Address 7430 Vinton Street

City State Zip Code
 Omaha NE 68124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488208

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. William Poe, Jr., CLU

Mailing Address 2397 Samuelson Rd

City State Zip Code
 Portage IN 46368-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487914

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

71.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. B. Keith Potts

Mailing Address P.O. Box 821

City State Zip Code
 Wolfforth TX 79382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487472

Amount of Each Receipt this Period

35.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Charles W. Potts, CLU, RHU,

Mailing Address 12725 St. Andrews Ter

City State Zip Code
 Oklahoma City OK 73120-8807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489957

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Bradley W. Pratt, CLU, LUTCF

Mailing Address 2118 Peregrine Lane

City State Zip Code
 Mankato MN 56003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488139

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Alan Press, CLU, LUTC

Mailing Address 10 Pine Terrace

City State Zip Code
Demarest NJ 07627-1213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: R491252

Amount of Each Receipt this Period

500.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Ms. Laurene B. Prevette, LUTCF, RHU

Mailing Address 741 Romany Road

City State Zip Code
Charlotte NC 28203-4849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490448

Amount of Each Receipt this Period

27.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Henry L Prien, CLU, LUTCF

Mailing Address 415 38th St S Ste E

City State Zip Code
Fargo ND 58103-1190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.20

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490273

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

577.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Randall S. Prout

Mailing Address 651 W 9th St

City State Zip Code
 Claremont CA 91711-3742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487479

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Ms. Johanna Margaret-Mary Raisch

Mailing Address 7864 Highlander Dr

City State Zip Code
 Anchorage AK 99518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490329

Amount of Each Receipt this Period

25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Johanna Margaret-Mary Raisch

Mailing Address 7864 Highlander Dr

City State Zip Code
 Anchorage AK 99518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 0 7

Transaction ID: R491042

Amount of Each Receipt this Period

-25.00

RT

SUBTOTAL of Receipts This Page (optional)

21.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Barry K. Rake, LUTCF
Mailing Address 1004 Dawne Drive

City State Zip Code
Williamsport PA 17701

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490229

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Edward F. Randolph
Mailing Address 1515 Mill Bay Road

City State Zip Code
Kodiak AK 99615-6233

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487483

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Jeri L. Regan, CLU, ChFC,
Mailing Address 2616 No. 100th Avenue

City State Zip Code
Omaha NE 68134-5510

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488826

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

92.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Lynda L. Regan
Mailing Address 351 Hicks Valley Rd

City State Zip Code
Petaluma CA 94952-9485

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: R490942

Amount of Each Receipt this Period

100.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Robert W. Rensing, LUTCF
Mailing Address 2515 S. 105th Ave

City State Zip Code
Omaha NE 68124-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488073

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Jaime Resendez, LUTCF
Mailing Address 1389 W. US Hwy. 77, Suite A

City State Zip Code
San Benito TX 78586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488078

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

163.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. August P. Richter, IV, LUTCf,
Mailing Address 401 Wild Oak Drive

City State Zip Code
Manitowoc WI 54220-9054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487642

Amount of Each Receipt this Period

50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. John F. Ridoux
Mailing Address 911 Thorpe Drive

City State Zip Code
Louisville KY 40243-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488082

Amount of Each Receipt this Period

25.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Michael A. Riffenburg, LUTCf
Mailing Address 5111 Borman Drive

City State Zip Code
Spartanburg SC 29301-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488074

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

96.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. William E. Riley			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 715 N. Washington Blvd., Suite D			Transaction ID: R487980	
City State Zip Code Sarasota FL 34236			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			Payroll Deduction	
Name of Employer Self-employed		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Mr. Adi Ringer, LUTCF, CFP			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 888 Vista Brisa			Transaction ID: R487136	
City State Zip Code San Luis Obispo CA 93405			Amount of Each Receipt this Period 22.50	
FEC ID number of contributing federal political committee. C			Payroll Deduction	
Name of Employer Self-employed		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
C. Full Name (Last, First, Middle Initial) Mr. Richard R. Rios, CLU, ChFC			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 8720 El Chapul Way			Transaction ID: R487446	
City State Zip Code Fair Oaks CA 95628-5454			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			Payroll Deduction	
Name of Employer Self-employed		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

97.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Robert M. Roach, CLU, ChFC

Mailing Address 1287 Harrison Pond Drive

City State Zip Code
 New Albany OH 43054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1443.30

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489686

Amount of Each Receipt this Period

125.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Edwin G. Robinson, Jr., CLU

Mailing Address 3777 Parkwood Way

City State Zip Code
 West Linn OR 97068-1045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 2 / 2 0 0 7

Transaction ID: R491339

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Ms. Rita J. Robinson, RN, BSN

Mailing Address 3777 Parkwood Way

City State Zip Code
 West Linn OR 97068-1045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488204

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

396.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Ann Baker Ronn, LUTCF

Mailing Address 1360 Post Oak Blvd Ste 1470

City State Zip Code
Houston TX 77056-3075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: R491719

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Harry S. Rosnick, LUTCF

Mailing Address 3435 Jefferson Davis Hwy
P.O. Box 360

City State Zip Code
Fredericksburg VA 22404-0360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487410

Amount of Each Receipt this Period

25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Eric S. Roth, LUTCF

Mailing Address 2 McKinley Ct.

City State Zip Code
Monroe Twp NJ 08831-4055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490169

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

296.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Shelley M. Rowe, LUTCF
Mailing Address 5908 E. Conservation Dr.

City State Zip Code
Longmont CO 80504

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487879

Amount of Each Receipt this Period

37.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Richard Roy, RHU, LUTCF
Mailing Address 103 Fourth Street

City State Zip Code
Middlesex NJ 08846-2117

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.20

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488114

Amount of Each Receipt this Period

15.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. William L. Rudd, LUTCF
Mailing Address 3150 Mollifield Lane

City State Zip Code
Charlottesville VA 22911

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487726

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

73.50

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Sherri A. Rush, LUTCF
Mailing Address 2140 Jefferson St Suite C

City State Zip Code
Napa CA 94559

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488115

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. D. David Russell
Mailing Address 8461 Eagle Preserve Way

City State Zip Code
Sarasota FL 34241-9449

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487564

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Daniel L. Rust, LUTCF
Mailing Address 114 W. Arnold

City State Zip Code
Bozeman MT 59715-6129

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489497

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. William R. Sapers, CLU

Mailing Address 10 Rowes Wharf
#1201

City State Zip Code
Boston MA 02110-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: R491672

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Michael P. Saunders, CLU

Mailing Address 4560 Ortega Blvd

City State Zip Code
Jacksonville FL 32210-8505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487913

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Gregory B. Schaeffer

Mailing Address 3627 - 22nd St.

City State Zip Code
Kenosha WI 53144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487727

Amount of Each Receipt this Period

27.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

298.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Walter M. Schieffer, Jr., LUTCF

Mailing Address 17501 John Wayne

City State Zip Code
Perry OK 73077-9513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487969

Amount of Each Receipt this Period

25.20

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Daniel J. Scholz, CLU, ChFC

Mailing Address 1510 So. 183 Circle

City State Zip Code
Omaha NE 68130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490231

Amount of Each Receipt this Period

105.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Allan B. Schon

Mailing Address 441 16th NW

City State Zip Code
Minot ND 58703-1941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488181

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

160.20

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mark B. Schwendeman

Mailing Address 427 4th St

City State Zip Code
Marietta OH 45750-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490437

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Walter J. Scott, CLU

Mailing Address 1022 WASHINGTON AVE.

City State Zip Code
OSHKOSH WI 54901-5354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489629

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Randy L. Scritchfield, CFP, LUTC

Mailing Address 10105 Nightingale St.

City State Zip Code
Gaithersburg MD 20882-4019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490463

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

101.40

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Harry E. Sechman
Mailing Address 13 Beechwood Dr

City State Zip Code
Rutland MA 01543-1751

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487981

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Teresa L. Seefeldt, RHU
Mailing Address 643 Gaelic Court

City State Zip Code
Apopka FL 32712

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489611

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Dale J. Seymour
Mailing Address 2401 Wealdstone Rd.

City State Zip Code
Toledo OH 43617

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489972

Amount of Each Receipt this Period

10.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

61.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James P. Shaheen, LUTCF

Mailing Address 3939 Linden Ave

City State Zip Code
Long Beach FL 90807-2714

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487507

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. James A. Shalek, CLU, ChFC

Mailing Address 1706 Candleberry Lane

City State Zip Code
Yorkville IL 60560-5810

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487570

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Brian M. Sharkey, CLU, ChFC

Mailing Address 20 Sleepy Hollow Dr

City State Zip Code
Newtown Square PA 19073-3934

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: R491191

Amount of Each Receipt this Period

600.00

Check

SUBTOTAL of Receipts This Page (optional)

663.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Kenneth A. Sherlin, III, LUTC

Mailing Address 8 First Street

City State Zip Code
 Ashville NC 28803-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487903

Amount of Each Receipt this Period

13.75

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Troy J. Shreve, CLU

Mailing Address 7100 S 45th Street

City State Zip Code
 Lincoln NE 68516-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489820

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. James John Silbernagel, LUTC, CFP

Mailing Address W 2329 Capital Drive

City State Zip Code
 Campbellsport WI 53010-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488168

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

115.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Marc A. Silverman, CLU, ChFC,

Mailing Address 5770 S.W. 128th Street

City

Miami

State

FL

Zip Code

33156-7175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: R490936

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. Alan F. Simonis, Jr., LUTCF

Mailing Address P. O. Box 1858

City

Huntsville

State

AL

Zip Code

35807-0858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487560

Amount of Each Receipt this Period

21.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Ken Simons, CLU, ChFC,

Mailing Address 808 Thoroughbred Lane

City

Artesia

State

NM

Zip Code

88210-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489722

Amount of Each Receipt this Period

50.10

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

321.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Frank E. Skaw

Mailing Address 18821 E. Crestwood Lane

City State Zip Code
Otis Orchards WA 99027

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490132

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. C. Phillip Smelley, CIC, LUTCF

Mailing Address 380 Broadmoor Drive

City State Zip Code
Fayetteville GA 30215

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490444

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Debra N. Smith

Mailing Address 1345 Cedar Park Pl

City State Zip Code
Stone Mountain GA 30083

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488165

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

67.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. H. Dan Smith, CLU, LUTCF

Mailing Address 1616 Rio Vista

City State Zip Code
 Dallas TX 75208-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2765.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489502

Amount of Each Receipt this Period

215.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Russell A. Smith

Mailing Address 22928 San Joaquin Drive East

City State Zip Code
 Canyon Lake CA 92587-7831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489526

Amount of Each Receipt this Period

208.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. David E. Smithkey, CLU, RFC

Mailing Address 9451 Heddy Drive

City State Zip Code
 Flushing MI 48433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489545

Amount of Each Receipt this Period

208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

631.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Lawrence Edward Sneed, CLU

Mailing Address 5005 Woodminster

City State Zip Code
Oakland CA 94601

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489492

Amount of Each Receipt this Period

21.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Mark V. Snider, ChFC

Mailing Address 44 Elmwood Place

City State Zip Code
Athens OH 45701-1904

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490082

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Ms. Sharon L. Sparling, CIC

Mailing Address P.O. Box 1914

City State Zip Code
Mount Vernon WA 98273-1914

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488220

Amount of Each Receipt this Period

45.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

108.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Preston R. Speece, LUTCF

Mailing Address 14620 Fowler Ave

City State Zip Code
Omaha NE 68116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487535

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Marvin L. Spreen, FIC

Mailing Address 5759 Mount Vernon Rd

City State Zip Code
Brenham TX 77833-7708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488098

Amount of Each Receipt this Period

26.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Walter C. Sprye, Jr., CLU, C

Mailing Address 101 Stoney Brook Rd.

City State Zip Code
Rocky Mount NC 27804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490184

Amount of Each Receipt this Period

46.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

102.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Mark A. Staat		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 14315 Pine Creek Court, #202		Transaction ID: R489678
City State Zip Code Holland MI 49424-1265	Amount of Each Receipt this Period 22.50	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Self-employed	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B. Full Name (Last, First, Middle Initial) Mr. Lawrence Stack, CLU, ChFC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 28411 Northwestern Hwy Ste 1300		Transaction ID: R489570
City State Zip Code Southfield MI 48034-5543	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Self-employed	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C. Full Name (Last, First, Middle Initial) Mr. Ronald T. Staebell		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 4309 Town Park Pl.		Transaction ID: R490165
City State Zip Code Sioux Falls SD 57105	Amount of Each Receipt this Period 21.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Self-employed	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)

103.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Angelo T. Stath
Mailing Address 7821 Massachusetts

City State Zip Code
Merrville IN 46410-5531

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490433

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. John P. Steele, LUTCF
Mailing Address 122 West Main

City State Zip Code
Manhattan MT 59741

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487687

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Jerry Lynn Stephens, LUTCF
Mailing Address 130 Tarheel Rd

City State Zip Code
Lumberton NC 28358

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487605

Amount of Each Receipt this Period

23.10

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

103.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Pierce Allen Stevens, Jr.

Mailing Address P O Box 119

City State Zip Code
 Anguilla MS 38721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487860

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Matthew B. Stone, LUTCF

Mailing Address 212 Stoney Dr.

City State Zip Code
 Durham NC 27703-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.50

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487099

Amount of Each Receipt this Period

24.75

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Nicholas John Stosic

Mailing Address 9820 Dixon Lane

City State Zip Code
 Reno NV 89511-9455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1194.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490144

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

109.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Deborah A. Stratton-Flandro
Mailing Address 2595 Spanbauer Rd

City State Zip Code
American Falls ID 83211-5223

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487420

Amount of Each Receipt this Period

15.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. David L. Stratton, CLU, ChFC,
Mailing Address 13115 Beach Cir.

City State Zip Code
Anchorage AK 99515-3748

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490004

Amount of Each Receipt this Period

105.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Steven M. Stratton, LUTCF, CSA
Mailing Address 17131 Parkview Dr

City State Zip Code
Morgan Hill CA 95037-6606

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487920

Amount of Each Receipt this Period

105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Michael W. Struebing, LUTCF, CLU

Mailing Address 16112 Parker Street

City State Zip Code
Omaha NE 68118-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487529

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Robert A. Styrkiewicz, CLU, LUTCF

Mailing Address 25 Monterey Drive

City State Zip Code
Vernon Hills IL 60061-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488083

Amount of Each Receipt this Period

65.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Mark Phelan Sudderberg

Mailing Address 1751 Clinton St.

City State Zip Code
Rockford IL 61103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487706

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

128.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Stephen G. Summerlin, CFP

Mailing Address 4014 N. W. 15th Street

City State Zip Code
 Gainesville FL 32605-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490071

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Dennis P. Sunderman, CSA

Mailing Address 2325 Jeans Ct

City State Zip Code
 Signal Hill CA 90755-4047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487807

Amount of Each Receipt this Period

105.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Dennis P. Sunderman, CSA

Mailing Address 2325 Jeans Ct

City State Zip Code
 Signal Hill CA 90755-4047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 0 7

Transaction ID: R491041

Amount of Each Receipt this Period

-105.00

RT

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Arthur Ivan Swanson, LUTCF
Mailing Address 2270 E. 24TH PL

City State Zip Code
Yuma AZ 85365-3245

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489803

Amount of Each Receipt this Period

25.20

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Joseph A. Sztapka
Mailing Address 3705 S. Judy Ave

City State Zip Code
Sioux Falls SD 57103-7248

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487767

Amount of Each Receipt this Period

75.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Jeffrey J. Taggart

Mailing Address 1107 Cedar Ln.
P.O. Box 2433

City State Zip Code
Cody WY 82414-2433

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490104

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

150.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Matthew S. Tassey

Mailing Address 5 Reggio Ave.

City State Zip Code
 Old Orchard Beach ME 04064-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490482

Amount of Each Receipt this Period

72.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Gregory M. Telge, CLU, ChFC

Mailing Address 1655 North River Road

City State Zip Code
 Manchester NH 03104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489702

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Benson B. Terrell, Jr., CFP

Mailing Address 9261 Lanier Rd

City State Zip Code
 Lake Charles LA 70605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487771

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

143.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Terry R. Thayer
Mailing Address 353 Prospector Trail

City State Zip Code
Bozeman MT 59718-7974

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487405

Amount of Each Receipt this Period

25.20

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Terry R. Thayer
Mailing Address 353 Prospector Trail

City State Zip Code
Bozeman MT 59718-7974

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: R491045

Amount of Each Receipt this Period

-25.20

RT

C. Full Name (Last, First, Middle Initial)
Mr. Neal A. Thomas, CLU, ChFC
Mailing Address 4435 E. Eden

City State Zip Code
Lincoln NE 68506-2541

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: R491464

Amount of Each Receipt this Period

300.00

Check

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Wayne E. Thomas, CLU, ChFC

Mailing Address 29 Cycas Drive

City State Zip Code
 Kenner LA 70065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489772

Amount of Each Receipt this Period

21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Earl A. Thompson, RFC, LUTCF

Mailing Address 21014 Pricewood Manor Ct.

City State Zip Code
 Cypress TX 77433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487489

Amount of Each Receipt this Period

47.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Robert D. Thunselle, FIC, CLU

Mailing Address 4020 Gannett #3

City State Zip Code
 Casper WY 82609-2351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489998

Amount of Each Receipt this Period

27.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

95.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Brad Tison, CLU, ChFC,

Mailing Address 3216 Southern Woods Drive

City State Zip Code
Des Moines IA 50321

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487449

Amount of Each Receipt this Period

50.40

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. John D. Traynham, LUTCF

Mailing Address 210 Timber Lane

City State Zip Code
Anderson SC 29621-1126

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487770

Amount of Each Receipt this Period

22.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Robert W. Tull, CLU, ChFC

Mailing Address 7815 Eagle Rock, N.E.

City State Zip Code
Albuquerque NM 87122

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487620

Amount of Each Receipt this Period

25.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

98.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mrs. Lynda D. Turner, LUTCF
Mailing Address 1070 South Bosque Loop

City State Zip Code
Bosque Farms NM 87068-9063

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490170

Amount of Each Receipt this Period

45.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Bruce S. Udell, CLU, ChFC,
Mailing Address 393 North Point Road #901

City State Zip Code
Osprey FL 34229-6827

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1362.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: R490503

Amount of Each Receipt this Period

100.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Bruce S. Udell, CLU, ChFC,
Mailing Address 393 North Point Road #901

City State Zip Code
Osprey FL 34229-6827

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1362.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490766

Amount of Each Receipt this Period

1262.50

Credit Card

SUBTOTAL of Receipts This Page (optional)

1407.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Brian Urie, CFP

Mailing Address 2825 E. Cottonwood Pkwy
STE 470

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487216

Amount of Each Receipt this Period

2.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Howard Raymond Utz, LUTCF

Mailing Address PO Box 480

City State Zip Code
Mars PA 16046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490040

Amount of Each Receipt this Period

5.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Richard D. Vonderlage, CSA, LUTCF

Mailing Address 15202 Sprague St

City State Zip Code
Omaha NE 68116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489859

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

49.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Thomas D. Voshall

Mailing Address 426 Towne Valley Dr

City State Zip Code
 Woodstock GA 30188-2636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488096

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Craig S. Walker

Mailing Address 622 Main St.

City State Zip Code
 Patterson LA 70392-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 7

Transaction ID: R490829

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Ms. Sharon S. Walls, CLU,ChFC,L

Mailing Address 1831 Frontier Rd

City State Zip Code
 Bennington KS 67422-9063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487882

Amount of Each Receipt this Period

18.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

293.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Brian P. Walsh, CLU, ChFC,

Mailing Address 547 Wayfield

City

Wynnewood

State

PA

Zip Code

19096-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: R490961

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. Mark R. Warren, LUTCF

Mailing Address 3603 Grandview

City

Plainview

State

TX

Zip Code

79072-6625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490342

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Carolyn R. Watson, LUTCF

Mailing Address 2032 Hollis

City

Abilene

State

TX

Zip Code

79605-5726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487932

Amount of Each Receipt this Period

55.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

355.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Charles A. Webb
Mailing Address 2516 Longview Ave.

City State Zip Code
Roanoke VA 24014

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487333

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. S. Mark Weeks, LUTCF, CLU
Mailing Address 1389 South 500 East

City State Zip Code
Salt Lake City UT 84105-2043

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490227

Amount of Each Receipt this Period

25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Matthew C. Weider, CLU, ChFC
Mailing Address 6855 Compton Heights Circle

City State Zip Code
Clifton VA 20124

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487211

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

117.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Daniel J. Wells, LUTCF

Mailing Address 18830 Los Hermanos Ranch Rd

City State Zip Code
Valley Center CA 92082-6808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487966

Amount of Each Receipt this Period

47.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Marlin D. Wells, CLU, ChFC,

Mailing Address 2201 N. Washington

City State Zip Code
Roswell NM 88201-3377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487754

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Lester E. Westgard, CLU

Mailing Address 2714 26th Ave SW

City State Zip Code
Fargo ND 58103-5006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487563

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

137.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Irwin R. Wetnight, Jr., CLU

Mailing Address 95 W. Prescott Ave.

City State Zip Code
 Clovis CA 93619-8743

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489612

Amount of Each Receipt this Period

21.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. William T. Whitmore, Jr., LUTC

Mailing Address P. O. Box 4748

City State Zip Code
 Virginia Beach VA 23454-0748

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489586

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Irv Wiese, CLU, ChFC,

Mailing Address 318 Stamford Bridge Rd

City State Zip Code
 Columbia SC 29212

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488142

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

113.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Michael J. Wilcox, LUTCF, CLTC
Mailing Address 117 Great Brook Rd.

City State Zip Code
New Milford CT 06776-3039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489932

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Ian C. Wilkinson, LUTCF
Mailing Address PO Box 7096

City State Zip Code
Macon GA 31209-7096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R488036

Amount of Each Receipt this Period

25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Boyd Lee Williams
Mailing Address 7023 W. Williamette Ave

City State Zip Code
Kennewick WA 99336-1280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1256.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487881

Amount of Each Receipt this Period

208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

258.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. George W. Williams, Jr., LUTCF
Mailing Address 4109 Woodway Dr

City State Zip Code
Monroe LA 71201

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R486858

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Joel K. Williamson, CLU, CSA, L
Mailing Address 1750 Cord 16

City State Zip Code
Tulsa TX 79088

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489908

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Lucius Williamson, Jr., LUTCF
Mailing Address 1111 Howe Ave., Suite 530

City State Zip Code
Sacramento CA 95825

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R487427

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

76.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Cliff F. Wilson, CLU, ChFC,

Mailing Address 1458 W. Bahia Court

City State Zip Code
 Gilbert AZ 85233-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487421

Amount of Each Receipt this Period

126.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Randall C. Wimsatt, LUTCF

Mailing Address 2460 E 20th St

City State Zip Code
 Farmington NM 87401-4402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490119

Amount of Each Receipt this Period

25.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. L. Nelson Wingert, CLU

Mailing Address 418 Gettysburg Pike

City State Zip Code
 Mechanicsburg PA 17055-5170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488011

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

176.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Larry J. Winkelhake, CLU, ChFC

Mailing Address 18600 Longview Ct

City State Zip Code
 Brookfield WI 53045

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489610

Amount of Each Receipt this Period

90.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Benjamin Bunn Woodard, Jr.

Mailing Address 109 Bristol Court

City State Zip Code
 Rocky Mount NC 27803-1203

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.50

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R487987

Amount of Each Receipt this Period

46.75

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Mark L. Yavornitzki, CAE

Mailing Address 14 Bridle Pl.

City State Zip Code
 E. Greenbush NY 12061-1111

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490473

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

161.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Edward A. Zabielski, Jr.

Mailing Address 104 Clay Ct.

City State Zip Code
 Landenberg PA 19350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R490456

Amount of Each Receipt this Period

105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Charles D. Zaleski, CLU, ChFC

Mailing Address 28400 Ridgethorpe Ct

City State Zip Code
 Rancho Palos Verde CA 90275-3258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R489690

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Alan R. Zalewski, CLU, ChFC,

Mailing Address 6908 North 27th Street

City State Zip Code
 Tacoma WA 98407-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 7

Transaction ID: R488215

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

197.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Theodore J. Zouzounis, CLU
Mailing Address 820 Mariposa Rd

City State Zip Code
Lafayette CA 94549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R489585

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Zuzolo, CLU, ChFC
Mailing Address 29 S. Main St., Ste 201

City State Zip Code
W Hartford CT 06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: R491174

Amount of Each Receipt this Period

500.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. H. Keith de Noble, LUTCF, CLU
Mailing Address 13200 W Markham Street, Suite 105

City State Zip Code
Little Rock AR 72211-3285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: R490137

Amount of Each Receipt this Period

36.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

578.50

TOTAL This Period (last page this line number only)

33978.51

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

CC Services Inc Country PAC

Mailing Address 1705 Towanda Avenue

City State Zip Code
 Bloomington IL 61701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 7

Transaction ID: R491031

Amount of Each Receipt this Period

2500.00

Check

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. First Union Bank

Mailing Address One First Union Center

City Charlotte State NC Zip Code 28288-1164

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D9526

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1867.48

B. NAIFA

Full Name (Last, First, Middle Initial)

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042-1205

Purpose of Disbursement
Payroll, Benefits, Supplies, Copies,

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D9527

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

45093.86

etc.

SUBTOTAL of Disbursements This Page (optional)

46961.34

TOTAL This Period (last page this line number only)

46961.34

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Baker for Congress Committee

Mailing Address Post Office Box 1694

City State Zip Code
Baton Rouge LA 70821

Purpose of Disbursement
Contr. Richard H. Baker (LA-6-R-US)

Candidate Name
Richard H. Baker

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: D9489

Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

2000.00

House)

Full Name (Last, First, Middle Initial)

B. Ed Royce for Congress

Mailing Address P.O. Box 2525

City State Zip Code
Orange CA 92859

Purpose of Disbursement
Contr. Edward R. Royce (CA-40-R-US)

Candidate Name
Edward R. Royce

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 40

Transaction ID: D9501

Date of Disbursement

10 / 19 / 2007

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

C. Friends of John Tanner

Mailing Address Post Office Box 1994

City State Zip Code
Union City TN 38281

Purpose of Disbursement
Contr. John S. Tanner (TN-8-D-US House)

Candidate Name
John S. Tanner

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 08

Transaction ID: D9485

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Kent Conrad

Mailing Address PO Box 812

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
Contr. Kent Conrad (ND-D-US Senate)

Candidate Name
Kent Conrad

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District:

Transaction ID: D9486

Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Hall For Congress Committee

Mailing Address PO Box 711

City Rockwall State TX Zip Code 75087

Purpose of Disbursement
Contr. Ralph M. Hall (TX-4-R-US House)

Candidate Name
Ralph M. Hall

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 04

Transaction ID: D9492

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Hall of Fame PAC

Mailing Address 1717 Dixie Highway, Suite 180

City Ft. Wright State KY Zip Code 41011

Purpose of Disbursement
Contr. Hall of Fame PAC (PAC to PAC)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual

Transaction ID: D9499

Date of Disbursement

10 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

contribution)

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Issa for Congress

Mailing Address P O Box 760

City Vista State CA Zip Code 92085

Purpose of Disbursement
Contr. Darrell E. Issa (CA-49-R-US)

Candidate Name
Darrell E. Issa

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 49

Transaction ID: D9493

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

B. John Lewis for Congress Cmte

Mailing Address 1520 Pinehurst Drive, SW

City Atlanta State GA Zip Code 30311

Purpose of Disbursement
Contr. John Lewis (GA-5-D-US House)

Candidate Name
John Lewis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 05

Transaction ID: D9483

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Latta for Congress Committee

Mailing Address 300 North Main Street

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement
Contr. Robert E. Latta (OH-5-R-US House)

Candidate Name
Robert E. Latta

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2007
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 05

Transaction ID: D9502

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pat Roberts for Senate

Mailing Address PO Box 433

City State Zip Code
Great Bend KS 67530

Purpose of Disbursement
Contr. Pat Roberts (KS-R-US Senate)

Candidate Name
Pat Roberts

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District:

Transaction ID: D9482

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. People for English

Mailing Address PO Box 1940

City State Zip Code
Erie PA 16507

Purpose of Disbursement
Contr. Phil English (PA-3-R-US House)

Candidate Name
Phil English

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: D9490

Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Ron Lewis For Congress

Mailing Address P.O. Box 307

City State Zip Code
Elizabethtown KY 42702

Purpose of Disbursement
Contr. Ron Lewis (KY-2-R-US House)

Candidate Name
Ron Lewis

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: D9500

Date of Disbursement

10 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sam Farr for Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contr. Sam Farr (CA-17-D-US House)

Candidate Name
Sam Farr

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 17

Transaction ID: D9488

Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

39000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Francis W. Codr

Mailing Address 3434 North 140th Circle

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Refund to Individual

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D9494

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas M. Cothron

Mailing Address 4280 SW 20th Ave

City Ocala State FL Zip Code 34474-5950

Purpose of Disbursement
Refund to Individual

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D9484

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

700.00

TOTAL This Period (last page this line number only)

700.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NAIFA

Nature of Debt (Purpose):

Payroll, Benefits, Supplies, Copies, etc

Mailing Address 2901 Telestar Court

City State
Falls Church VAZIP Code
22042-1205

Outstanding Balance Beginning This Period

73770.12

Transaction ID: DD#7711

Amount Incurred This Period

0.00

Payment This Period

45093.86

Outstanding Balance at Close of This Period

28676.26

1) **SUBTOTALS** This Period This Page (optional).....

28676.26

2) **TOTALS** This Period (last page this line number only).....

28676.26

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only)